

County: St. Croix  
 SIGNET HEALTH/REHAB CENTER OF NEW RICHMOND  
 505 WEST 8TH STREET

Facility ID: 5370

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NEW RICHMOND 54017 Phone:(715) 246-6851  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 61  
 Total Licensed Bed Capacity (12/31/02): 63  
 Number of Residents on 12/31/02: 41

Ownership: Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 42

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		41.5
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		26.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		31.7
Day Services	No	Mental Illness (Org./Psy)	26.8	65 - 74	9.8			-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	34.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.9		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	51.2	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	9.8		-----	RNs		7.1
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		9.7
Other Services	No	Respiratory	4.9	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	2.4	Male	26.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	73.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All	
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%			Per Diem (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	325	25	89.3	99	0	0.0	0	9	100.0	139	0	0.0	0	0	0.0	0	38	92.7
Intermediate	---	---	---	3	10.7	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	7.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		28	100.0		0	0.0		9	100.0		0	0.0		0	0.0		41	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
Percent Admissions from:		Activities of		%	% Needing		Total		
		Daily Living (ADL)		Independent	Assistance of		% Totally		Number of
					One Or Two Staff		Dependent		Residents
Private Home/No Home Health	10.3	Bathing		0.0	78.0		22.0		41
Private Home/With Home Health	6.4	Dressing		9.8	68.3		22.0		41
Other Nursing Homes	6.4	Transferring		26.8	51.2		22.0		41
Acute Care Hospitals	67.9	Toilet Use		22.0	56.1		22.0		41
Psych. Hosp.-MR/DD Facilities	0.0	Eating		65.9	26.8		7.3		41
Rehabilitation Hospitals	2.6								
Other Locations	6.4	*****							
Total Number of Admissions		Continence		%	Special Treatments				%
Percent Discharges To:		Indwelling Or External Catheter		2.4	Receiving Respiratory Care				9.8
Private Home/No Home Health	16.7	Occ/Freq. Incontinent of Bladder		58.5	Receiving Tracheostomy Care				0.0
Private Home/With Home Health	14.1	Occ/Freq. Incontinent of Bowel		46.3	Receiving Suctioning				0.0
Other Nursing Homes	5.1				Receiving Ostomy Care				0.0
Acute Care Hospitals	28.2	Mobility			Receiving Tube Feeding				0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		0.0	Receiving Mechanically Altered Diets				24.4
Rehabilitation Hospitals	0.0								
Other Locations	11.5	Skin Care			Other Resident Characteristics				
Deaths	24.4	With Pressure Sores		7.3	Have Advance Directives				100.0
Total Number of Discharges		With Rashes		4.9	Medications				
(Including Deaths)	78				Receiving Psychoactive Drugs				46.3
*****									
Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities									
*****									
		This Facility	Ownership:		Bed Size:		Licensure:		All
			Proprietary		50-99		Skilled		Facilities
		%	Peer Group		Peer Group		Peer Group		%
		%	% Ratio		% Ratio		% Ratio		% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		65.8	84.7	0.78	87.1	0.76	85.3	0.77	85.1 0.77
Current Residents from In-County		73.2	81.6	0.90	81.5	0.90	81.5	0.90	76.6 0.95
Admissions from In-County, Still Residing		12.8	17.8	0.72	20.0	0.64	20.4	0.63	20.3 0.63
Admissions/Average Daily Census		185.7	184.4	1.01	152.3	1.22	146.1	1.27	133.4 1.39
Discharges/Average Daily Census		185.7	183.9	1.01	153.5	1.21	147.5	1.26	135.3 1.37
Discharges To Private Residence/Average Daily Census		57.1	84.7	0.67	67.5	0.85	63.3	0.90	56.6 1.01
Residents Receiving Skilled Care		92.7	93.2	0.99	93.1	1.00	92.4	1.00	86.3 1.07
Residents Aged 65 and Older		100	92.7	1.08	95.1	1.05	92.0	1.09	87.7 1.14
Title 19 (Medicaid) Funded Residents		68.3	62.8	1.09	58.7	1.16	63.6	1.07	67.5 1.01
Private Pay Funded Residents		22.0	21.6	1.02	30.0	0.73	24.0	0.92	21.0 1.04
Developmentally Disabled Residents		0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1 0.00
Mentally Ill Residents		26.8	29.3	0.92	33.0	0.81	36.2	0.74	33.3 0.80
General Medical Service Residents		2.4	24.7	0.10	23.2	0.11	22.5	0.11	20.5 0.12
Impaired ADL (Mean)		47.8	48.5	0.99	47.7	1.00	49.3	0.97	49.3 0.97
Psychological Problems		46.3	52.3	0.89	54.9	0.84	54.7	0.85	54.0 0.86
Nursing Care Required (Mean)		5.8	6.8	0.86	6.2	0.93	6.7	0.86	7.2 0.80